Only

## STATEMENT OF

PAGE 1 / 11 =

| FEC<br>FORM 1                           |                | 0              | RGANIZ                   | ATIO       | ON  |              |           |         | Office  | Use Or  | No.            |        |       |
|---|----------------|----------------|--------------------------|------------|---|--------------|-----------|---------|---------|---------|----------------|--------|-------|
| 1. NAME OF                              |                |                | Check if name            | Exa        | mple: If typing, to   | ype          | 12FI      | 7 / M F | Office  | USE OI  | ily            |        |       |
| COMMITTEE (ir                           | full)          |                | s changed)               |            | r the lines.  |              | 1211      | 14MO    |         |         |                |        |       |
| Joe Cunnin                              | ghan           | for Co         | ongress                  |            |   |              |           |         |         |         |                |        |       |
|   |                |                |                          |            |   |              |           |         |         |         |                |        |       |
| ADDRESS (number a                       | nd street)     | PO Box 2       | 21012                    |            |   |              |           |         |         |         |                |        |       |
|   |                |                |                          |            |   |              |           |         |         |         |                |        |       |
| is shanged                              | <i>.</i> ,     | Charlest Cl    | on<br>                   |            |   |              | STATE     |         | 29413   | ZI      | _ - _<br>P CO[ | DE 🛦   | Ш     |
| COMMITTEE'S E-MA                        | AIL ADDR       | ESS            |                          |            |   |              |           |         |         |         |                |        |       |
| (Check if a is changed                  |                | soland         | er@capcomplia            | ance.co    | m   | 1 1 1        | 1 1       | 1 1 1   | 1 1     | 1 1     | 1 1            | 1 1    | ,     |
| is changed                              | <b>1</b> )     |                | Second E-Mail A          |            |   |              |           |         |         |         |                |        |       |
| COMMITTEE'S WEB  (Check if a is changed | address        |                | RL)<br>ww.joecunninghami | forcongres | ss.com/   |              |           |         |         |         |                |        |       |
| 2. DATE 1                               | M / D          | 14 Y           | y y y<br>2020            |            |   |              |           |         |         |         |                |        |       |
| 3. FEC IDENTIFIC                        | CATION N       | IUMBER         | C                        | C0065050   | )7  |              |           |         |         |         |                |        |       |
| 4. IS THIS STATEM                       | MENT           | NEW            | (N) OR                   | ×          | AMENDED   | ) (A)        |           |         |         |         |                |        |       |
| certify that I have e                   | examined       | this Stateme   | ent and to the bes       | st of my   | knowledge and I   | belief it is | s true, o | correct | and co  | mplete  |                |        |       |
| Type or Print Name                      | of Treasur     | er Jones, 1    | Гуler, , ,               |            |   |              |           |         |         |         |                |        |       |
| Signature of Treasure                   | er <i>Jone</i> | es, Tyler, , , |                          |            | [Electronically Fi  | [led]        | Date      | 10      | 1       | 14      | / Y            | 2020   | Y     |
| NOTE: Submission of                     | false, erro    |                | omplete information      |            |   |              |           |         | the per | nalties | of 2 U.        | S.C. § | 437g. |
| Office<br>Use                           |                |                |                          |            | For further information Federal Election Control Toll Free 800-424- | Commission   |           |         |         | EC F    |                |        |       |

Local 202-694-1100

|             | FEC Fo                | orm 1 (Revised 02/2009)  | Page <b>2</b>                       |
|-------------|-----------------------|--|-------------------------------------|
|             |                       | COMMITTEE  |                                     |
| Can         |                       | e Committee:   |                                     |
| (a)         | ×                     | This committee is a principal campaign committee. (Complete the candidate information below.)  |                                     |
| (b)<br>Nam  | e of                  | This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)   | e the candidate                     |
|             | lidate                | Cunningham, Joe, , ,   |                                     |
|             | lidate<br>⁄ Affiliati | ion DEM Office Sought: <b>X</b> House Senate President   | State SC 01                         |
| (c)         |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  | District                            |
| Nam<br>Cand | e of<br>lidate        |  |                                     |
| Par         | ty Con                | mmittee:   |                                     |
| (d)         |                       |  | mocratic,<br>publican, etc.) Party. |
| Poli        | tical A               | Action Committee (PAC):  |                                     |
| (e)         |                       | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)  | ted organization is a               |
|             |                       | Corporation Corporation w/o Capital Stock  | abor Organization                   |
|             |                       | Membership Organization Trade Association  | ooperative                          |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |                                     |
| (f)         |                       | This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)   | gated fund or party                 |
|             |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |                                     |
|             |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |                                     |
| Join        | t Fund                | draising Representative:   |                                     |
| (g)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | r more political                    |
| (h)         |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.         | r more political                    |
|             | Com                   | nmittees Participating in Joint Fundraiser   |                                     |
|             | 1.                    |  |                                     |
|             | 2.                    |  |                                     |
|             | 3.                    |  |                                     |
|             | J.                    |  |                                     |
|             | 4.                    |  |                                     |

| FEC <b>Form 1</b> (Revised 0  | 2/2009)   | Page <b>3</b>                         |
|---|---|---------------------------------------|
| Write or Type Committee Name  |   |                                       |
| Joe Cunninghar  | n for Congress  |                                       |
| 6. Name of Any Connected O  | rganization, Affiliated Committee, Joint Fundraising Representative, or Le                      | eadership PAC Sponsor                 |
| Cunningham Victory Fu   | und 2020  | 2001 ZIP CODE  Leadership PAC Sponsor |
| . Custodian of Records: Ident<br>books and records.                   | tify by name, address (phone number optional) and position of the person er, , ,                | in possession of committee            |
| Full Name  Mailing Address  | PO Box 21012  |                                       |
| Mailing Address   | Charleston SC 29  | 9413                                  |
| Title or Position   | CITY STATE  | ZIP CODE                              |
| Treasurer   | Telephone number  | ]                                     |
| B. <b>Treasurer:</b> List the name and any designated agent (e.g., as | I address (phone number optional) of the treasurer of the committee; and t ssistant treasurer). | the name and address of               |
| Full Name Jones, Tyle of Treasurer                                    |   |                                       |
| Mailing Address   | PO Box 21012  |                                       |
|   | Charleston SC 29 CITY STATE   | 9413<br>ZIP CODE                      |
| Title or Position Treasurer   | Telephone number  | -                                     |

|                                     | n 1 (Revised 02/2009)  | Page 4   |
|-------------------------------------|--|----------|
|                                     |  |          |
| Full Name of<br>Designated<br>Agent |  |          |
| Mailing Address                     |  |          |
|                                     |  |          |
|                                     | CITY STATE   | ZIP CODE |
| Title or Position                   |  |          |
|                                     | Telephone number   |          |
| Name of Bank, I                     | Depository, etc.   |          |
| Name of Bank, I                     | Amalgamated Bank  1825 K St NW   |          |
|                                     | Amalgamated Bank   |          |
|                                     | Amalgamated Bank  1825 K St NW   | ZIP CODE |
|                                     | Amalgamated Bank  1825 K St NW  Washington  CITY  STATE                                    | ZIP CODE |
| Mailing Address                     | Amalgamated Bank  1825 K St NW  Washington  CITY  STATE                                    | ZIP CODE |
| Mailing Address  Name of Bank, I    | Amalgamated Bank  1825 K St NW  Washington  CITY  STATE  Depository, etc.  Bank of America | ZIP CODE |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_11\_\_\_

| Mailing Address  918 Pennsylvania Avenue SE  Washington  CITY ▲ STATE ▲ ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  esignated Agent: Identify by name, address (phone number – optional)  Full Name  STATE ▲ ZIP C  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP C  Telephone Number  Telephone Numb | n). <b>Joint Fundraisin</b>  | g Participant:                 |                      |                    |                           |
|---|--|--------------------------------|----------------------|--------------------|---------------------------|
| 3.  | 1.   |                                |                      | FEC ID number      | С                         |
| A. FEC ID number C  Itame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership Maintaining A Majority  Mailing Address  918 Pennsylvania Avenue SE  Washington  Relationship:  CITY A  STATE A  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  Leader  Leader  Leader  Leader  STATE A  ZIP C  Title OR POSITION   CITY A  STATE A  ZIP C  Telephone Number  Title OR Positions: List all banks or other depositories in which the committee deposits funds, holds actalety deposit boxes or maintains funds.  ame of Bank, epository, etc.   | 2.   |                                |                      | FEC ID number      | C                         |
| ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership  Maintaining A Majority  Mailing Address  918 Pennsylvania Avenue SE  Washington  CITY ▲ STATE ▲ ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  Leader  Leader  Leader  Leader  CITY ▲ STATE ▲ ZIP  Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP  Telephone Number  Title OR Position ■ Telephone Number   | 3.   |                                |                      | FEC ID number      | C                         |
| Mailing Address  918 Pennsylvania Avenue SE  Washington  Relationship:  CITY ▲ STATE ▲ ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP C  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephosit boxes or maintains funds.  ame of Bank, epository, etc.  | 4.   |                                |                      | FEC ID number      | C                         |
| Mailing Address  918 Pennsylvania Avenue SE  Washington  Relationship:  CITY ▲ STATE ▲ ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP C  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  |  |                                |                      |                    |                           |
| Mailing Address    Mailing Address   918 Pennsylvania Avenue SE   |  |                                | ttee, Joint Fundrais | sing Representativ | e, or Leadership PAC Spon |
| Washington  Relationship:  CITY ▲ STATE ▲ ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  Leader  Leader  Leader  Leader  STATE ▲ ZIP  Connected Organization  Affiliated Committee  Solution  STATE ▲ ZIP  TITLE OR POSITION  CITY ▲ STATE ▲ ZIP O  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone State & S | Maintaining A Maj  | jority<br>                     |                      |                    |                           |
| Washington  Relationship:  CITY ▲ STATE ▲ ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  Leader  Leader  Leader  Leader  STATE ▲ ZIP  Connected Organization  Affiliated Committee  Solution  STATE ▲ ZIP  TITLE OR POSITION  CITY ▲ STATE ▲ ZIP O  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone State & S |  |                                |                      |                    |                           |
| Washington    DC   20003     Relationship:   CITY   |  | ı 918 Pennsvlvania Avenue SE   |                      |                    |                           |
| Relationship:  CITY A  STATE A  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP C  Title OR POSITION   Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds acafety deposit boxes or maintains funds.  ame of Bank, epository, etc.  | Mailing Address  |                                |                      |                    |                           |
| Relationship:  CITY A  STATE A  ZIP  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leader  esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  CITY A  STATE A  ZIP C  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds actately deposit boxes or maintains funds.  ame of Bank, epository, etc.   |  |                                |                      |                    |                           |
| Connected Organization  |  |                                |                      |                    |                           |
| esignated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION   CITY   STATE   ZIP C  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds actively deposit boxes or maintains funds.  ame of Bank, epository, etc.  | Relationship:  | CITY A                         | _                    | STATE ▲            | ZIP CODE ▲                |
| TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP C  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds active deposit boxes or maintains funds.  ame of Bank, epository, etc.   |  | y by name, address (phone numl | per – optional)      |                    |                           |
| TITLE OR POSITION   CITY   Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds active deposit boxes or maintains funds.  Telephone Number  Telephone Number  Telephone Number   |  |                                |                      |                    |                           |
| TITLE OR POSITION   CITY   Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds active deposit boxes or maintains funds.  Telephone Number  Telephone Number  Telephone Number   |  |                                |                      |                    |                           |
| TITLE OR POSITION   CITY   Telephone Number  Telephone Number  Telephone Number  anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds ac afety deposit boxes or maintains funds.  ame of Bank, epository, etc.   |  |                                |                      |                    |                           |
| anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds active deposit boxes or maintains funds.  ame of Bank, epository, etc.  |  |                                |                      |                    | 1 , , , , 1-1 ,           |
| afety deposit boxes or maintains funds.  ame of Bank, epository, etc.   | Mailing Address  | CITY A                         |                      | STATE A            | ZIP CODE A                |
|   | Mailing Address  | CITY A                         | Tele                 | 1                  |                           |
| Mailing Address   | Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material depositions are as a same of Bank, | CITY A                         |                      | phone Number       | ZIP CODE A                |
|   | Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or material depositions are as a same of Bank, | CITY A                         |                      | phone Number       | ZIP CODE A                |
|   | Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma ame of Bank, epository, etc.             | CITY A                         |                      | phone Number       | ZIP CODE A                |
|   | Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma ame of Bank, epository, etc.             | CITY A                         |                      | phone Number       | ZIP CODE A                |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_11\_\_\_

| (h). Joint Fundraisi   | ng Participant:  |                            |                            |
|--|--|----------------------------|----------------------------|
| 1.   |  | FEC ID number              | С                          |
| 2.   |  | FEC ID number              | C                          |
| 3.   |  | FEC ID number              | С                          |
| 4  |  | FEC ID number              | С                          |
|  | Organization, Affiliated Committee, Joint Fund   | raising Representative     | e, or Leadership PAC Spons |
| Hold The House   | Frontline Fund   |                            |                            |
|  |  |                            |                            |
| Mailing Address  | 118 1st Avenue South   |                            |                            |
|  | Suite 320  |                            |                            |
|  | Seattle  | WA                         | 98104                      |
| Relationship:  | CITY A   | STATE ▲                    | ZIP CODE ▲                 |
| Connecte   |  | Fundraising Represent      | ative Leadership PAC Spo   |
| Connecte   | ed Organization Affiliated Committee   | Fundraising Represent      | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identi   | ed Organization Affiliated Committee   | Fundraising Represent      | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identi  Full Name  | ed Organization Affiliated Committee   | Fundraising Representation | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identi  Full Name  | ed Organization Affiliated Committee   | Fundraising Represent      | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identi  Full Name  | Affiliated Committee  Y Joint  Ty by name, address (phone number – optional)           | Fundraising Represent      | ative Leadership PAC Spo   |
| Connecte  Designated Agent: Identi  Full Name  Mailing Address   | Affiliated Committee  Y Joint  Ty by name, address (phone number – optional)  CITY     |                            |                            |
| Connecte  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  | Affiliated Committee  Y Joint  To pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                 |
| Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or make the safety deposit boxes or make the safety depository, etc. | Affiliated Committee  Y Joint  To pries: List all banks or other depositories in which | STATE A                    | ZIP CODE A                 |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_\_ **of** \_\_\_\_\_\_

| 1                       |   |                           |                           |
|-------------------------|---|---------------------------|---------------------------|
| 2.                      |   | FEC ID number             | С                         |
|                         |   | FEC ID number             | С                         |
| 3.                      |   | FEC ID number             | С                         |
| 4.                      |   | FEC ID number             | C                         |
|                         |   |                           |                           |
| lame of Any Connected   | Organization, Affiliated Committee, Joint Fu  | ndraising Representativ   | e, or Leadership PAC Spon |
| House Victory Pr        | oject 2020                                    |                           |                           |
| <u> </u>                |   |                           |                           |
|                         | Odo Passashania Augus OF                      |                           |                           |
| Mailing Address         | 918 Pennsylvania Avenue SE                    |                           |                           |
|                         |   |                           |                           |
|                         | Washington                                    | DC                        | 20003                     |
| Relationship:           | CITY ▲  | STATE ▲                   | ZIP CODE ▲                |
|                         |   |                           |                           |
| esignated Agent: Identi | fy by name, address (phone number – optional) | )                         |                           |
| Full Name               | fy by name, address (phone number – optional) |                           |                           |
|                         | fy by name, address (phone number – optional) |                           |                           |
| Full Name               | fy by name, address (phone number – optional) |                           |                           |
| Full Name               | CITY  |                           | ZIP CODE A                |
| Full Name               | CITY  | STATE A  Telephone Number | ZIP CODE A                |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_\_

| - <b>4</b>   1   1   1   1   1   1   1   1   1  |   | FEC ID number         | C                         |
|---|---|-----------------------|---------------------------|
| 1.  |   | FEC ID number         | C                         |
| 2.  |   |                       |                           |
| 3.  |   | FEC ID number         | C                         |
| 4.  |   | FEC ID number         | C                         |
| ame of Any Connected  | Organization, Affiliated Committee, Joint Fundr | aising Representative | e. or Leadership PAC Spon |
| Go For Broke For  | _   |                       |                           |
|   |   |                       |                           |
|   |   |                       |                           |
| Mailing Address   | PO Box 15320                                    |                       |                           |
|   |   |                       |                           |
|   | Washington                                      | DC                    | 20003                     |
| Relationship:   | CITY ▲  | STATE ▲               | ZIP CODE ▲                |
|   |   |                       |                           |
| esignated Agent: Identify   | by name, address (phone number – optional)      |                       |                           |
| esignated Agent: Identify   | by name, address (phone number – optional)      |                       |                           |
|   | by name, address (phone number – optional)      |                       |                           |
| Full Name   | by name, address (phone number – optional)      |                       |                           |
| Full Name   | by name, address (phone number – optional)      |                       |                           |
| Full Name   | CITY A  | STATE A               | ZIP CODE A                |
| Full Name   | CITY A  | STATE A               | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION   | CITY   CITY   Te                                | elephone Number       |                           |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintain and the state of Bank,   | CITY   CITY   Te                                | elephone Number       |                           |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintain and the state of Bank,   | CITY   CITY   Te                                | elephone Number       |                           |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main ame of Bank, epository, etc. | CITY   CITY   Te                                | elephone Number       |                           |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_\_

| 5(g) ( | or(h). <b>Joint Fundraisin</b>                      | g Participant:   |                      |                                |
|--------|---|--|----------------------|--------------------------------|
|        | 1.  |  | FEC ID number        | C                              |
|        | 2.  |  | FEC ID number        | C                              |
|        | 3.  |  | FEC ID number        | C                              |
|        | 4.  |  | FEC ID number        | C                              |
| 6.     | Name of Any Connected Carlo Citizens Unite          | Organization, Affiliated Committee, Joint Fundraised - PRIORITY        | sing Representative  | e, or Leadership PAC Sponsor   |
|        |   |  |                      |                                |
|        | Mailing Address                                     | 514 Daniels St   |                      |                                |
|        |   | Raleigh  | NC                   | 27605                          |
|        | Relationship:                                       | CITY A   | STATE A              | ZIP CODE ▲                     |
|        | Connected   |  | undraising Represent |                                |
| 8.     | Designated Agent: Identify                          | by name, address (phone number - optional)                             |                      |                                |
|        | Full Name   |  |                      |                                |
|        | Mailing Address                                     |  |                      |                                |
|        |   |  |                      |                                |
|        |   |  |                      |                                |
|        | TITLE OR POSITION                                   | ▼ CITY ▲   | STATE ▲              | ZIP CODE ▲                     |
|        |   | Telep  | phone Number         |                                |
|        |   |  |                      |                                |
| 9.     | Banks or Other Depositor safety deposit boxes or ma | ries: List all banks or other depositories in which the intains funds. | e committee deposit  | s funds, holds accounts, rents |
| 9.     | safety deposit boxes or ma                          |  | e committee deposit  | s funds, holds accounts, rents |
| 9.     | safety deposit boxes or ma  Name of Bank,           |  | e committee deposit  | s funds, holds accounts, rents |
| 9.     | Name of Bank, Depository, etc.                      |  | e committee deposit  | s funds, holds accounts, rents |
| 9.     | Name of Bank, Depository, etc.                      |  | e committee deposit  | s funds, holds accounts, rents |

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

| h). <b>Joint Fundraisi</b>  | ng Participant:   |                           |                           |
|---|---|---------------------------|---------------------------|
| 1.  |   | FEC ID number             | C                         |
| 2.  |   | FEC ID number             | С                         |
| 3.  |   | FEC ID number             | С                         |
| 4.  |   | FEC ID number             | С                         |
|   |   |                           |                           |
|   | Organization, Affiliated Committee, Joint Fun   | draising Representativ    | e, or Leadership PAC Spon |
| Problem Solver D  | Jemocrats<br>   |                           |                           |
|   |   | 1 1 1 1 1 1 1             |                           |
|   | <sub>I</sub> 918 Pennsylvania Avenue SE   |                           |                           |
| Mailing Address   |   |                           |                           |
|   |   |                           | 00000                     |
|   | Washington  | DC                        | 20003                     |
| Relationship:   | CITY ▲  | STATE ▲                   | ZIP CODE ▲                |
|   |   | int Fundraising Represent | ative Leadership PAC S    |
|   | Affiliated Committee   Affiliated Committee   y Jo  fy by name, address (phone number – optional)                 | int Fundraising Represent | ative Leadership PAC S    |
| esignated Agent: Identi   |   | int Fundraising Represent | ative Leadership PAC S    |
| esignated Agent: Identi   |   | int Fundraising Represent | ative Leadership PAC S    |
| esignated Agent: Identi   |   | int Fundraising Represent | ative Leadership PAC S    |
| esignated Agent: Identing Full Name   | fy by name, address (phone number – optional)   | int Fundraising Represent |                           |
| esignated Agent: Identi   | fy by name, address (phone number – optional)  CITY   |                           |                           |
| esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number  | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.                 | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number  | ZIP CODE A                |
| esignated Agent: Identing Full Name     Mailing Address   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number  | ZIP CODE A                |
| Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, epository, etc.                   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which | STATE A Telephone Number  | ZIP CODE A                |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

| h). <b>Joint Fundraisi</b>   | ng Participant:   |                            |                           |
|--|---|----------------------------|---------------------------|
| 1.   |   | FEC ID number              | C                         |
| 2.   |   | FEC ID number              | С                         |
| 3.   |   | FEC ID number              | С                         |
| 4.   |   | FEC ID number              | С                         |
| ame of Any Connected   | Organization, Affiliated Committee, Joint Fund  | draising Representative    | e, or Leadership PAC Spon |
| Hold The House   | Victory Fund  |                            |                           |
|  |   |                            |                           |
| Mailing Address  | 430 South Capitol Street SE   |                            |                           |
|  | 3rd Floor   |                            |                           |
|  |   | DC                         | 20003                     |
| Relationship:  | CITY ▲  | STATE ▲                    | ZIP CODE ▲                |
| Connecte   | Affiliated Committee Join Join Join Join Join Join Join Join  | int Fundraising Representa | Leaueisiiip FAC S         |
|  |   |                            | Leadership FAC 3          |
| esignated Agent: Identi  |   |                            | Leadership PAC Sp         |
| esignated Agent: Identi  |   |                            | Leave Simp FAC Si         |
| esignated Agent: Identi  |   |                            | Leadership FAC 3          |
| esignated Agent: Identi  | fy by name, address (phone number – optional)   | STATE A                    | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  | fy by name, address (phone number – optional)  CITY   |                            |                           |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION   | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,               | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice | STATE A Telephone Number   | ZIP CODE A                |
| esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc | fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whice | STATE A Telephone Number   | ZIP CODE A                |